



APPLICATION FOR SOLAR CONNECTIVITY

Customer Information

Applicants Name:

Service Location:

Mailing Address:

Phone No.:

Email Address:

Does the applicant own the premises? Yes No

If no, applicant must provide documentation authorizing them to install solar equipment.

Expected In-Service Date: (YY/MM/DD): ____/____/____

Customer's Existing Town of Antigonish Electric Utility Supply

Existing Electric Service Type: Single Phase Three Phase

Account No.: _____ Amps: _____ Meter No.: _____ Volts: _____

Indicate the total generation capacity (kW) and estimated annual energy (kWh) per year:

kW: _____ kWh: _____ Number of Units: _____

Equipment Information

Inverter

Manufacturer: _____ Model No.: _____

Output Voltage: _____ Single Phase Three Phase

Nameplate kW: _____ No. of Units: _____

Frequency: _____ Rate Power Factor: _____

Product Certification Information: _____

Synchronous or Induction Generator

Installer Information

Installer Name:

Phone No.:

Interconnection Circuit Breaker Information

Manufacturer: _____ Type No.: _____

Load Rating: _____ Interrupting Rating: _____ Amps: _____

Trip Speed: _____ Cycles: _____

Protective Equipment

Provide the manufacturer's information for the protection package or devices. Including documentation for the protection functions for ranges and settings for tripping or shutdown, along with time delays: Under/Over Voltage, Over/Under Frequency, Anti-islanding, Over-current.

Documentation Required

Three (3) copies of each are required with diagrams neatly drawn or printed on 11" x 17" paper

- A single line drawing showing the electrical relationship and descriptions of the significant electrical components with operating voltages and ratings
- Provide a site plan showing the physical arrangement of the major equipment and the civic address.

Signatures

I hereby certify I have reviewed and agree to adhere to the Town of Antigonish Electric Utility's *Solar Connectivity Policy* and to the best of my knowledge, all the information provided in this Application is true and correct. By signing below, the application acknowledges it is theirs, as well as their installers, responsibility to obtain and installation permit from the Town of Antigonish Electric Utility's Electrical Inspector before commencing any work.

Dated at Antigonish _____ 20__

Signature of Applicant